

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c)) -- SMALL BUSINESS CONCERN**

Applicant or Patentee: GUNTER A. HOFMANN

Serial or Patent Number: Unknown

Filed or Issued: Herewith

Title: "NEEDLE ELECTRODES FOR ELECTROPORATION MEDIATED DELIVERY OF DRUGS AND GENES"

I hereby declare that I am

       the owner of the small business concern identified below:

  X   an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN GENETRONICS, INC.

ADDRESS 11199-A Sorrento Valley Road, San Diego, California 92121

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that the rights under the contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

       the specification filed herewith with title as listed above.

  X   the application identified above.

       the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statement averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

  X   No such person, concern or organization exists.

       Each such person, concern or organization is listed below:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

☐ INDIVIDUAL

☐ SMALL BUS. CONCERN

☐ NONPROFIT ORGANIZATION

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING GUNTER A. HOFMANN

TITLE OF PERSON IF OTHER THAN OWNER Chairman, Chief Scientific Officer

ADDRESS OF PERSON SIGNING 11199-A Sorrento Valley Road, San Diego, California 92121

SIGNATURE G. Hofmann

DATE 5/5/1995

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"NEEDLE ELECTRODES FOR ELECTROPORATION MEDIATED DELIVERY OF DRUGS AND GENES", the specification of which is attached hereto unless the following is checked:

\_\_\_\_\_ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number  
\_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

\_\_\_\_ Yes \_\_\_\_ No

(Number) (Country) (Day/Month/Year Filed)

\_\_\_\_ Yes \_\_\_\_ No

(Number) (Country) (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

PATENT NO. 5,273,525	ISSUED: DECEMBER 28, 1993	ISSUED
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this <sup>7</sup> application and to transact all business in the U.S. Patent and Trademark Office connected therewith: Freling E. Baker, Reg. #24,078; Lawrence A. Maxham, Reg. #24,483; Michael H. Jester, Reg. #28,022; Terrance A. Meador, Reg. #30,298; Walter W. Duft, Reg. #31,948; James A. Ward, Reg. #34,041; and David A. Hall, Reg. #32,233. Address all telephone calls to Freling E. Baker, at Telephone No. (619) 233-9004 and address all correspondence to Freling E. Baker, BAKER, MAXHAM, JESTER & MEADOR, 750 "B" Street, Suite 2770, San Diego, California 92101.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) GUNTHER A. HOFMANN  
Inventor's signature [Signature] Date 5/5/1995  
Residence 3750 RIVIERA DRIVE, #6, SAN DIEGO, CALIFORNIA 92109 Citizenship U.S.A.  
Post Office Address 3750 RIVIERA DRIVE, #6, SAN DIEGO, CALIFORNIA 92109 CA

Full name of second joint inventor, if any (given name, family name) RICHARD A. GILBERT  
Inventor's signature [Signature] Date 5/9/95  
Residence 10740 North 56th Street, Tampa, Florida 33617 Citizenship: U.S.A.  
Post Office Address 10740 North 56th Street, Tampa, Florida 33617 FL

3 Additional inventors are being named on separately numbered sheets attached hereto.

(2/92 PTO)

## DECLARATION FOR PATENT APPLICATION

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Docket Number: \_\_\_\_\_

300  
Full name of third joint inventor, if any (given name, family name) YASUHIKO (NMI) HAYAKAWA  
Inventor's signature *Yasuhiko Hayakawa* Date 6/3/1995  
Residence 2-2-16, Kakemama, Ichikawa City, Chiba, 272-01 Japan Citizenship JAPAN  
Post Office Address 2-2-16, Kakemama, Ichikawa City, Chiba, 272-01 Japan JY

400  
Full name of fourth joint inventor, if any (given name, family name) RICHARD (NMI) HELLER  
Inventor's signature *Richard Heller* Date 5-9-95  
Residence 1102 Pine Ridge Circle West, Brandon, Florida 33511 Citizenship U.S.A.  
Post Office Address 1102 Pine Ridge Circle West, Brandon, Florida 33511 FL

500  
Full name of fifth joint inventor, if any (given name, family name) MARK J. JAROSZESKI  
Inventor's signature *Mark J. Jaroszski* Date 5-9-95  
Residence 15501 Bruce B. Downs Blvd., #307, Tampa, Florida 33647 Citizenship U.S.A.  
Post Office Address 15501 Bruce B. Downs Blvd. #307, Tampa, Florida 33647 FL

Full name of sixth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of seventh joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of eighth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of ninth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of tenth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of eleventh joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of twelfth joint inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

(2/92 PTO)